

ISSUE SLIP ST. PLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>AMH</i> | <i>32</i> | <i>8/15</i> |
| FORMALITY REVIEW | | <i>920</i> | <i>09-12-01</i> |
| RESPONSE FORMALITY REVIEW | <i>CL</i> | <i>109</i> | <i>3-19-02</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | ✓ |
| 2 | ✓ | ✓ | ✓ |
| 3 | ✓ | ✓ | ✓ |
| 4 | ✓ | ✓ | ✓ |
| 5 | ✓ | ✓ | ✓ |
| 6 | ✓ | ✓ | ✓ |
| 7 | ✓ | ✓ | ✓ |
| 8 | ✓ | ✓ | ✓ |
| 9 | ✓ | ✓ | ✓ |
| 10 | ✓ | ✓ | ✓ |
| 11 | ✓ | ✓ | ✓ |
| 12 | ✓ | ✓ | ✓ |
| 13 | ✓ | ✓ | ✓ |
| 14 | ✓ | ✓ | ✓ |
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| 16 | ✓ | ✓ | ✓ |
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| 43 | ✓ | ✓ | ✓ |
| 44 | ✓ | ✓ | ✓ |
| 45 | ✓ | ✓ | ✓ |
| 46 | ✓ | ✓ | ✓ |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 47 | ✓ | ✓ | ✓ |
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| 97 | ✓ | ✓ | ✓ |
| 98 | ✓ | ✓ | ✓ |
| 99 | ✓ | ✓ | ✓ |
| 100 | ✓ | ✓ | ✓ |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | ✓ | ✓ | ✓ |
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| 142 | ✓ | ✓ | ✓ |
| 143 | ✓ | ✓ | ✓ |
| 144 | ✓ | ✓ | ✓ |
| 145 | ✓ | ✓ | ✓ |
| 146 | ✓ | ✓ | ✓ |
| 147 | ✓ | ✓ | ✓ |
| 148 | ✓ | ✓ | ✓ |
| 149 | ✓ | ✓ | ✓ |
| 150 | ✓ | ✓ | ✓ |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)